

**Alabama Medicaid DUR Board Meeting**  
**Minutes**  
**January 26, 2005**

**Attendees:** Rob Colburn, Rhonda Harden, Jimmy Jackson, Greer L. Geiger, Richard Freeman, Louise Jones, Garry Magouirk, John Searcy, Paula Thompson, Darrin Elliott, W. Thomas Geary, Kevin Green

**Members Absent:** Steven Rostand

Garry Magouirk called the meeting to order at 10:30 am.

**Review and Adoption of Minutes of October 27, 2004 meeting:** Rob Colburn moved that the minutes of the October 27, 2004 DUR Board meeting be approved. Richard Freeman seconded the motion. The motion carried.

Louise Jones introduced new Medicaid staff members, Bakeba Thomas, and Tiffany Minnifield. Bakeba Thomas is now responsible for the P & T Committee meetings and PDL. Tiffany Minnifield's duties include coordination of DUR Board meetings and the HID contract. Ms. Jones also announced the resignation of Allyn Williford, and introduced pharmacist Kelli Littlejohn and pharmacy technician Stephanie Frawley. Both are HID employees working from the Montgomery Medicaid office.

**DUR Update/PA and Overrides Update:** Steve Espy began the update by reviewing the Monthly PAs and Overrides, PA Overrides by Source, Monthly Help Desk Reports and PA Response Time Ratio Reports for October and November 2004. He stated that HID is required to have a response time of less than eight hours for 75% of PAs, and reported that the time requirement was met for 80.95% of PAs in October and 88.41% in November.

**Quarterly Reports:** Mr. Espy briefly reviewed the Quarterly Reports and noted that Cost of Rx has remained consistent for the second and third quarters of 2004. He also reviewed the Drug Analysis Reports for the first three quarters, pointing out that the generic utilization has increased, and the total number of claims has decreased.

**Academic Detailing Annual Report:** Mr. Espy also reported on Academic Detailing. He reviewed the Academic Detailing process, explaining that HID Medicaid Pharmacy Specialists (MPSs) are required, by contract, to make 1500 visits to providers per quarter to educate providers on various Medicaid issues. Mr. Espy reported that MPSs made 6,728 visits for the year beginning October 27, 2003 and ending October 31, 2004. HID currently employs seven MPSs who call on physicians. These calls are made by appointment only and are scheduled by HID staff through the Auburn, AL, office. A summary of the reports, broken down by specialist and geographic area, followed. Mr. Espy then explained quality assurance measures currently in place. He referenced the Specialist Survey Response Report and Provider Survey Response Report, which summarize how providers rate the information they have received. A brief discussion of the reports followed.

Richard Freeman requested that the top twenty five drugs prescribed be identified. Mr. Espy stated that this information is readily available and will be sent to board members as soon as possible. Per Ms. Jones's request, HID will include those reports in future DUR packets.

**Intervention Activity Report:** Steve Espy continued with this report. He stated that at the last meeting, the Board agreed to look at osteoporosis criteria. Mr. Espy asked for suggestions on criteria from the Board and recommended that the Board consider osteoporosis be continued for the next cycle. No discussion followed. The vote to continue osteoporosis as the criteria was unanimous with no audible dissenters. A motion was made by Richard Freeman to continue with osteoporosis as the criteria. The motion was seconded by Jimmy Jackson. The motion carried.

**New Business:** Ms. Jones reported that as a result of savings initiatives, the state has realized a savings in excess of \$119 million over the last year. The initiatives include expansion of the PDL, addition of a therapeutic duplication edit, academic detailing and the brand limit.

Ms. Jones stated that the Anti-Infective class would be completed at that afternoon's P & T Committee meeting. Those classes will be implemented into the PDL effective March 1, 2005. Also, beginning March 1, 2005, the generic form of Oxycontin, oxycodone, will require PA. Ms. Jones then asked for an update on the Electronic PA. Mr. Espy stated that effective December 1, 2004, HID and EDS working together with Alabama Medicaid, implemented the electronic PA process beginning with three classes of drugs. The classes are NSAIDs, 2<sup>nd</sup> Generation Antihistamines, and SROAs. He described the PA process and clinical review by HID, explaining that the whole process is completed in less than two seconds. Ms. Jones added that other classes will be phased in over the next two months. She also stated that max units are being added and an updated listing is available on the website.

Ms. Jones informed the Board that effective December 1, 2004, InfoSolutions became available to prescribers for use with their PDAs. She summarized the information available from Blue Cross and encouraged providers to call her office for more information.

Ms. Jones went on to announce that the Heritage Information Services contract expires January 31, 2005. The agency will be re-bidding those services and is preparing a bid document, hoping to have a bid out in about two months. She explained the scope of work and efforts to maximize cost savings, adding that the agency is open to ideas for better managing the drug list.

**Medicaid Pharmacy Update:** Ms. Jones reported a new issue brought up by the pharmacy advisory committee. The committee reported that patients often bring prescriptions into the pharmacy without complete information, such as the physician's name, license number, and address. This negatively impacts the ability to process the claim and to send follow up letters to the provider. Ms. Jones stated that there are many issues involved and asked for the Board's consideration of this topic. She suggested that several agencies may need to be involved in resolving this issue.

Ms. Jones further suggested that because decisions of the DUR Board are matters of public record, that future votes be taken by written ballot. She instructed HID to include written ballot forms in future DUR packets. Ms. Jones also made note of the updated DUR Board Manual that was provided to all members in their meeting packet.

Garry Magouirk asked the Board for any additional business items. There were none.

**Next Meeting:** The next DUR Board Meeting is scheduled for April 13, 2005 at 1:00 pm in the Commissioner's Board Room in the Medicaid building, 501 Dexter Ave., Montgomery, AL.

The meeting was adjourned.

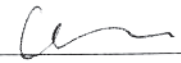
Respectfully Submitted,

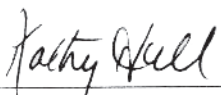
Steve Espy, R.Ph.

## **Recommendations for RDUR Osteoporosis**

- The profile history indicates that the patient has a diagnosis of osteoporosis and is receiving sedative anxiolytic therapy. The use of sedative and/or anxiolytic therapy may cause dizziness and grogginess, which can put the patient at increased risk for fall-related injuries.
- The profile history indicates that the patient has a diagnosis of osteoporosis and is receiving narcotic therapy. The use of narcotics may cause sedation/dizziness, which may put the patient at increased risk for fall-related injuries.
- The profile history indicates that the patient has a diagnosis of osteoporosis and is receiving corticosteroid therapy. Corticosteroid therapy may increase the risk of fractures in patients with osteoporosis due to decreased bone density associated with corticosteroid use.
- Miacalcin (calcitonin) may be underutilized. Non-adherence to the dosing regimen may result in sub-therapeutic effects, which may lead to decreased patient outcomes and additional medical cost.
- Actonel (risedronate) may be underutilized. Non-adherence to the dosing regimen may result in sub-therapeutic effects, which may lead to decreased patient outcomes and additional medical cost.
- Evista (raloxifene) may be underutilized. Non-adherence to the dosing regimen may result in sub-therapeutic effects, which may lead to decreased patient outcomes and additional medical cost.
- Calcium supplements may be underutilized. Non-adherence to the dosing regimen may result in sub-therapeutic effects, which may lead to decreased patient outcomes and additional medical cost.
- Fosamax (alendronate) may be underutilized. Non-adherence to the dosing regimen may result in sub-therapeutic effects, which may lead to decreased patient outcomes and additional medical cost.
- Skelid (tiludronate) may be underutilized. Non-adherence to the dosing regimen may result in sub-therapeutic effects, which may lead to decreased patient outcomes and additional medical cost.
- Forteo (teriparatide) may be underutilized. Non-adherence to the dosing regimen may result in sub-therapeutic effects, which may lead to decreased patient outcomes and additional medical cost.

The DUR Board Recommendation is to continue osteoporosis criteria for the next cycle.

 ( ☒ ) Approve ( ) Deny 3/17/05  
Carol Herrmann, Commissioner Date

 ( ☒ ) Approve ( ) Deny 3/16/05  
Kathy Hall, Deputy Commissioner Date

 ( ☒ ) Approve ( ) Deny 3/16/05  
John Searcy, Medical Director Date